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44

12

IN CONFIDENCE

To: Dr G Winyard
Dr G Scally SWR

From: Dr P J Doyle HC(M)1

Date: 16th January 1995

cc: Dr Harvey PS/CMO
Dr Bourdillon
Dr Graham
Ms C Phillips
Mr Waterhouse

PAEDIATRIC CARDIAC SURGERY: BRISTOL ROYAL INFIRMARY

1. You should be aware of an unfortunate situation in the cardiothoracic surgical unit at Bristol Royal Infirmary. There have been concerns about the results of an audit of neonatal and infant cardiac surgery. Against the advice of the Professor of Cardiothoracic Surgery but with the support of the Trust Medical Director and Chief Executive, one of the cardiac surgeons performed a "switch" procedure on 12th January on a child who subsequently died on the table. It is anticipated that there will be an independent enquiry. The affair may become public.

Background

2. Earlier this year the Professor of Cardiothoracic Surgery at BRI, Gianni Angelini, became very concerned about the audit results for neonatal and infant cardiac surgery produced by one of the cardiac anaesthetists, Steve Bolsin. After a great deal of discussion (in which I became involved during a visit for other reasons) Prof Angelini persuaded the Trust to appoint a new paediatric cardiac surgeon and to transfer the service to the children's hospital. It was also agreed that no further neonatal or infant cardiac surgery would be performed pending the arrival of the new appointee. (See attached correspondence.)
3. Last Wednesday (11th January) I was contacted by Steve Bolsin when he learned that an 18 month old child with transposition had been listed for a "switch" operation the next day even though that was one of the procedures included in the previous audit. My advice was that he had to discuss the matter urgently with Prof Angelini and his anaesthetic colleagues and, if enough of them felt there was a significant risk to the child, to make every effort to persuade their colleagues to postpone the operation and/or make arrangements for the operation to be done at another centre.
4. I rang Dr Roylance, the Trust CE, that evening to advise him that a very serious difference in professional view within the Department of Cardiothoracic Surgery about the advisability of proceeding with the operation had been reported to me. I suggested that, unless there were overriding reasons for performing the operation, it might be better to delay it, or transfer the child, pending a resolution of the controversy. He told me he would be guided by his Medical Director, James Wishart, (also the senior cardiac surgeon!). Mr Wishart was apparently at that moment attending a meeting of the CT Department to discuss the position.